Norridge Police Department

Accident Review Board

Date assigned	Member	Present	Excused	Unexcused
5/1/2003	Sgt.Orlando	x		
7/15/2016	Cpl. Wendt	x		
10/01/16	Off. Smith	x		
5/1/2003	Off. Malicki	x		

Review Date: 11/21/16   M/V Crash: 1611-01521 Harwood Hts.

Officer: T. Vasilakopoulos #37   Squad #509

1.Classification1.
- a.The incident was NON-PREVENTABLE and the employee was not at fault. Caution was apparently excercised.
- b.The employee was legally parked or standing.
- c.The employee was aware of the impending hazard,was alert to the consequences and skillful in minimizing the effect of the hazard.
- d.In incidents the board resolves to be Classification I,no disciplinary action will be taken.

2.Classification II.
- a.The employee failed to exercise reasonable and due care.
- b.The employee deviated inexcusably from Dept. Rules and Regulations,Procedures and/or General Safety Practices. procedures and/or general safety practices.
- c.In incidents the board resolves to be Classification II,disciplinary action recommended may be:

(i) For the very first incident of record for the employee in a rolling 24 month period, a letter of reprimand will be issued and attendance and successful completion of a "Defensive Driving Course may be ordered.Only one letter of reprimand may be issued during the 24 month period in which the incident occurred.

(ii)For a second Classification II finding by the board in the 24 month period a 2 day suspension without pay shall be imposed.

(iii)For a third Classificaton II finding by the board in a 24 month period,a 3 day suspension without pay shall be imposed.

Recommendation: The board unanimously agreed 1a.
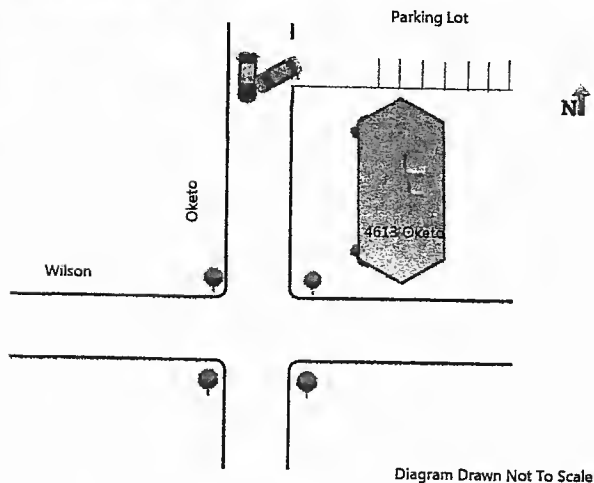
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ILLINOIS TRAFFIC CRASH REPORT
Sheet _1_ of _1_ Sheets

IY002 `* X000648582 *`

DRAC U1	PEDV U2	TRFD	TRFC	WEAT	DRVA U1	U2	VIS U1	U2	VEHD U1	U2	LGHT	COLL	MANV U1	U2	PPA	PPL
1	1	1	1	1	2	1	1	1	1	1	1	10	3	1		

INVESTIGATING AGENCY	DAMAGE TO ANY ONE PERSON'S VEHICLE / PROPERTY	TYPE OF REPORT		AGENCY CRASH REPORT NO.	TRFW
Harwood Heights Police Department	☐ $500 OR LESS ☐ $501 - $1,500 ☑ OVER $1,500	☑ ON SCENE ☐ NOT ON SCENE (DESK REPORT) ☐ AMENDED	☑ A No Injury / Drive Away ☐ B Injury and / or Tow Due To Crash	1611-01521	1

ADDRESS NO.	HIGHWAY OR STREET NAME		☑ City Township ☐	INTERSECTION RELATED ☐ Y ☑ N	DATE OF CRASH	TIME	LARS CODE	VEHT U1
4613	OKETO		HARWOOD HTS		11/16/2016	1:24 ☐ AM ☑ PM		1

(CIRCLE) (CIRCLE) ☐ ____ FT / MI N S E W ☐ AT INTERSECTION WITH	(NAME OF INTERSECTION OR ROAD FEATURE)	COUNTY **COOK**	PRIVATE PROPERTY ☐ Y ☑ N HIT & RUN ☐ Y ☑ N	DOORING WITH PEDALCYCLIST? ☐ Y ☑ N	NUMBER MOTOR VEHICLES INVLD **2**	LARS CODE	U2 **16**

UNIT 1

NAME ☑ DRIVER ☐ PARKED ☐ DRIVERLESS ☐ PED ☐ PEDAL ☐ EQUES ☐ NMV ☐ NCV	DATE OF BIRTH	MAKE	MODEL	YEAR	CIRCLE NUMBER(S) FOR DAMAGED AREA(S)			NO. LANES
POD, ELISABETA F		(H)ONDA	CIVIC	2015	00 - NONE 10 - UNDER CARRIAGE 11 - TOTAL (ALL AREAS) 12 - OTHER 99 - UNKNOWN	FRONT	Y N TOWED DUE TO CRASH ☐☑ FIRE ☐☑ CELLPHONE ☐☑ EXCEED SPEED LIMIT ☐☑ COM VEH ☐☑ * IF YES SEE SIDEBAR	2

STREET ADDRESS	SEX	SAFT	AIR	PLATE NO.	STATE	YEAR		ALIGN
	F	2	3		IL	2017	POINT OF FIRST CONTACT **2**	1

CITY	STATE	ZIP	INJURY	EJECT	VIN	RSUR
	IL		O	1		1

TELEPHONE (773)	DRIVER LICENSE NO.	STATE IL	CLASS D	VEHICLE OWNER (LAST, FIRST, M.I.)	INSURANCE CO. California Casualty General	VEHU 2

TAKEN TO Refused	EMS AGENCY Refused	OWNER ADDRESS (STREET, CITY, STATE, ZIP)	TELEPHONE (773)	POLICY NO.	U1

UNIT 2

NAME ☑ DRIVER ☐ PARKED ☐ DRIVERLESS ☐ PED ☐ PEDAL ☐ EQUES ☐ NMV ☐ NCV	DATE OF BIRTH	MAKE	MODEL	YEAR	CIRCLE NUMBER(S) FOR DAMAGED AREA(S)			U2 **6**
VASILAKOPOULOS, THEODORE		FORD	TAURUS	2014	00 - NONE 10 - UNDER CARRIAGE 11 - TOTAL (ALL AREAS) 12 - OTHER 99 - UNKNOWN	FRONT (7)	Y N TOWED DUE TO CRASH ☐☑ FIRE ☐☑ CELLPHONE ☐☑ EXCEED SPEED LIMIT ☐☑ COM VEH ☐☑ * IF YES SEE SIDEBAR	RDEF 1

STREET ADDRESS 4020 N OLCOTT	SEX M	SAFT 2	AIR 3	PLATE NO. MP11111	STATE IL	YEAR 2017	POINT OF FIRST CONTACT **7**	BAC 96

CITY NORRIDGE	STATE IL	ZIP 60706	INJURY O	EJECT 1	VIN 1FAHP2MK6EG185973	U1 96

TELEPHONE (708) 453-4770	DRIVER LICENSE NO.	STATE IL	CLASS D	VEHICLE OWNER (LAST, FIRST, M.I.) VILLAGE OF NORRIDGE	INSURANCE CO. Mesirow Insurance Services	U2 96

TAKEN TO Refused	EMS AGENCY Refused	OWNER ADDRESS (STREET, CITY, STATE, ZIP) 4000 N OLCOTT NORRIDGE, IL, 60706	TELEPHONE (708) 453-4770	POLICY NO. BGP10005404	NO. OCCS 1

(UNIT) (SEAT)	(DOB)	(SEX)	(SAFT)	(AIR)	(INJ)	(EJCT)	PASSENGERS & WITNESSES ONLY	(NAME) / (ADDR) / (TEL)	(HOSP)	(EMS)

U1 1
U2 1
DIRP 6
U1 5
U2

	(EVNO)	(MOST)	(EVNT)	(LOC)	DAMAGED PROPERTY OWNER NAME	DAMAGED PROPERTY	CONTRIBUTORY CAUSE(S)	POSTED SPEED LIMIT	Did crash occur in a Work Zone? ☐ Y ☑ N
UNIT 1	1	☑	11	1					
	2	☐			PROPERTY OWNER ADDRESS	CITY STATE ZIP	PRIMARY **02**	**20**	If YES check one below: ☐ Construction
	3	☐			ARREST NAME POD, ELISABETA F	SECTION 5/11-902	CITATION NO. YE-411-562	SECONDARY **99**	☐ Maintenance ☐ Utility
UNIT 2	1	☑	11	1	ARREST NAME	SECTION	CITATION NO.	DATE POLICE NOTIFIED 11/16/2016	TIME NOTIFIED 1:26 ☐ AM ☑ PM
	2	☐			OFFICER ID. 22	SIGNATURE G. Hauptman	BEAT / DIST.	SUPERVISOR ID. S. Morawski, 9	☐ Unknown work zone type
	3	☐						COURT DATE 12/16/2016	COURT TIME 9:00 ☑ AM ☐ PM	Workers present? ☐ Y ☑ N

X000648582

A **Diagram** and **Narrative** are required on all **Type B** crashes, even if units have been moved prior to the officer's arrival.

Parking Lot

N↑

Oketo

Wilson

4613 Oketo

Diagram Drawn Not To Scale

NARRATIVE (Refer to vehicle by Unit No.)

Upon arrival R/O spoke with both drivers and all conversation said in summary. The driver of unit #2 said he was traveling S/B Oketo in the 4600 block when he observed unit #1 turn left out of the parking lot of 4613 Oketo and strike the driver's side door of his vehicle with the front of unit #1. R/O spoke with the driver of unit #1 who stated that she was turning left out of the parking lot of 4613 Oketo and did not see unit #2 traveling S/B until the front of her vehicle struck the drivers' side of unit #2.

LOCAL USE ONLY

Motorist 1 Report No: **20140846878**

Motorist 2 Report No: **20140846879**

| U1 Color: **Blue** | U2 Color: **Black** | U1 Race: **W** | U2 Race: **W** |
| U1 Towed by / to : | | U2 Towed by / to : | |

COMMERCIAL MOTOR VEHICLE (CMV)

IF MORE THAN ONE CMV IS INVOLVED, USE SR 1050A ADDITIONAL UNITS FORMS.

A CMV is defined as any motor vehicle used to transport passengers or property and:
1. Has a weight rating of more than 10,000 pounds (example: truck or truck/trailer combination); or
2. Is used or designed to transport more than 15 passengers, including the driver (example: shuttle or charter bus); or
3. Is designed to carry 15 or fewer passengers and operated by a contract carrier transporting employees in the course of their employment (example: employee transporter - usually a van-type vehicle or passenger car); or
4. Is used or designed to transport between 9 and 15 passengers, including the driver, for direct compensation (example: large van used for specific purpose); or
5. Is any vehicle used to transport any hazardous material (HAZMAT) that requires placarding (example: placards will be displayed on the vehicle.

UNIT ____

CARRIER NAME _____

ADDRESS _____

_____

CITY/STATE/ZIP _____

USDOT NO. _____ ILLCC NO. _____

Source of above info. ☐ Side of Truck ☐ Papers ☐ Driver ☐ Log Book

Gross Vehicle Weight Rating (GVWR). _____

Were HAZMAT placards displayed on the vehicle ?   ☐ Y   ☐ N

If yes, name on placard _____

4-Digit UN no. _____ 1-digit Hazard Class no. _____

Did HAZMAT Spill from the vehicle (do not consider fuel from the vehicle's own tank) ? ☐Y ☐N ☐UNK

Did HAZMAT Regulations violation contribute to the crash ?   ☐Y ☐N ☐UNK

Did Motor Carrier Safety Regulations (MCS) violation contribute to the crash ? ☐Y ☐N ☐UNK

Was a Driver/Vehicle Examination Report form completed ?
HAZMAT ☐Y ☐N ☐UNK Out of Service ? ☐Y ☐N
MCS ☐Y ☐N ☐UNK Out of Service ? ☐Y ☐N
Form No. _____

IDOT PERMIT NO. _____ WIDE LOAD ? ☐ Y ☐ N

TRAILER WIDTH(S):	0-96"	97-102"	>102"
TRAILER 1	☐	☐	☐
TRAILER 2	☐	☐	☐

TRAILER LENGTH(S): 1 _____ ft   TRAILER 2 _____ ft

TOTAL VEHICLE LENGTH _____ ft   NO. OF AXLES _____

CRASH LOCATION: ☐ CITY OF OR ☐ NEAREST CITY
_____ MILES N E S W OR _____
CIRCLE ONE   CITY NAME

SELECT CODES FROM BACK COVER OF CRASH BOOKLET:
VEHICLE CONFIGURATION _____
CARGO BODY TYPE _____ LOAD TYPE _____